

*Bumstead (F. J.)*

# *HINTS ON THE TREATMENT OF SYPHILIS.*

✓  
By *FREEMAN J. BUMSTEAD, M. D.*

*Professor of Venereal Diseases at the College of Physicians and Surgeons,  
New York.*



*REPRINTED FROM THE AMERICAN PRACTITIONER FOR SEPTEMBER.*

*LOUISVILLE:*

*John P. Morton and Company, Publishers.*

*1871.*

# THE AMERICAN PRACTITIONER.

EDITED BY

DAVID W. YANDELL, M. D.

*Professor of Clinical Surgery in the University of Louisville*

AND

THEOPHILUS PARVIN, M. D.

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There is a class of cases to which a specialist in venereal diseases is almost daily called in consultation, and which it is fair to presume are preëminently the difficult ones met with by the general practitioner. Their history is usually somewhat as follows: the patient contracted a chancre a year or more ago, which was followed by secondary symptoms recurring in a number of successive outbreaks, and to which treatment afforded temporary but no permanent relief. Gradually the syphilitic lesions have assumed a more severe type. The secondary stage has merged into the stage of transition, or into the full tertiary period. There may be an obstinate iritis, an affection of the testicle, ulcerated tubercles upon the integument, deep fissures of the tongue, ulceration and destruction of the hard or soft palate, periostitis or necrosis, or any of the still more formidable late manifestations of syphilitic poisoning, as epileptiform convulsions, hemiplegia, paraplegia, affections of the viscera, etc.

The attending physician is not a novice in the treatment of venereal diseases. He has been many years in general practice, and every year has brought him a number of genuine cases of syphilis, in which his efforts have proved successful. He has used the same remedies in this case as in the others.

He finds that the mode of treatment which he has always adopted is sanctioned by high authority, and is that recommended in his text-books; yet weary months and possibly years have dragged along until he, as well as his patient, has become disgusted and is fast losing faith in the art of healing. Why this discrepancy in the results of his practice? Why has he succeeded so often, yet now so signally fails? The answer to this question is to be found in the varying degree of severity of the disease in different cases, and in the inadequate use of remedies as employed by many practitioners in the more obstinate cases.

Cases of syphilis may be divided into two classes—the mild and the severe. In the former the symptoms are often of the most insignificant character; the primary sore is superficial and heals in a few days or weeks, leaving but slight induration behind it, and the glands in the groins are only moderately enlarged and hard. Unless the patient is carefully watched from time to time, the maculæ of an early secondary syphilide upon the chest and abdomen will pass unnoticed. Rheumatoid neuralgia and a few mucous patches in the mouth may pass for the results of a cold and a disordered stomach. In these cases, and in others approximating to them in mildness, it makes but little difference what remedies are employed. If the patient be of a good constitution, and leads a regular life, he is subject to the recurrence of some of these slight manifestations for a few times, when the disease finally disappears, and his physician has the credit of a cure which is really due to the powers of nature.

Another class of cases presents symptoms of a much more noticeable and severe form, and unless properly met threatens the integrity of important and even vital organs. This severity may be manifest from the first outbreak of secondary symptoms, or only appear in the tertiary period, when the previous secondary symptoms have been mild; for it is a fact not too well known that the degree of severity of the secondary mani-



festations of syphilis is no test of what the tertiary will be in case these should appear. I have repeatedly known patients to pass through the secondary stage with safety and with little inconvenience, only to break out at some subsequent time with tertiary symptoms of the most alarming character. Now in this second class of cases it does make a difference, and a great difference, what remedies are used, and in what manner. Let us inquire what is the course of treatment commonly in vogue, and examine how far this treatment will account for the obstinacy of the cases referred to at the commencement of this paper.

The remedies chiefly employed in the treatment of syphilis are only two in number—mercury in some form, and the iodide of potassium. As is well known, each of these remedies is more particularly adapted to one stage of the disease than another; and yet how common it is in practice to see physicians using them without the slightest discrimination! A patient contracts a well-marked chancre, or develops secondary symptoms, and is put upon the iodide of potassium, which can have no possible effect in removing the symptoms of this stage. Ricord and Grassi's analyses of the blood have indeed shown that iodide of potassium has a decided influence over the chloro-anæmia of the secondary period, and may therefore be used as a tonic at this time, especially in connection with iron; but it certainly has no direct effect upon the syphilitic symptoms themselves. In the later stages of syphilis we find the same want of discrimination still more prevalent; and we see practitioners, put to their trumps in obstinate cases, blindly employing mercury for a few weeks, then resorting to the iodide, and repeating this routine an indefinite number of times, for months or years, without any clear idea as to which remedy is indicated.

A second serious mistake, which is very generally committed, is, as I believe, the selection of corrosive sublimate, in preference to all other preparations of mercury, in the

treatment of syphilis; and, I would add, the persistent employment of any form of mercury by the mouth, when the system rebels against it, to the entire neglect of its external use, which has been proved to possess so many advantages.

Can any one explain how or why the corrosive chloride has acquired such a reputation in the treatment of syphilis as it has with the mass of the profession? In syphilis we have a blood-poisoning which we wish to reach by some agent active enough to control it, and which will find its way into the circulation with the least irritation to the intestinal canal, and the least consequent impairment of the digestive function and depression of the vital power; yet of the forms of mercury among which we look for such a remedy we select, forsooth, the very preparation which is notoriously the least likely to affect the general system, and which is known to be the most irritant of all, and this too in the most stubborn cases of the disease! Moreover, we continue this agent, always by the mouth, until the intestinal canal rebels against its further administration, and throws it off in frequent stools, while the little that is absorbed is about as powerless over syphilis as so much water would be.

The only reason that I can imagine for this preference for the corrosive chloride is the slight danger of salivation; yet surely salivation can with rare exceptions be avoided by a little care, even when employing the stronger preparations of mercury; and I myself have used the very strongest preparations in a practice of many years without meeting with this accident half a dozen times.

My own experience with mercury in the treatment of venereal diseases leads me to conclusions which may be briefly stated as follows:

1. Avoid mercury in all cases of chancroids, also in all doubtful cases of venereal sores following exposure, unless the failure of other remedies and the danger of destruction of important parts leaves no other resource. Such cases

are extremely rare. Experience shows that even in well-marked cases of true chancre it is better to defer the administration of mercury until secondary symptoms appear. We are, however, justified in its use in case the chancre, contrary to custom, assumes a phagedenic form; in case the patient's relations, as in matrimony, demand that the sore should be speedily healed; or in case that he himself is unwilling to submit to delay.

2. Although a true chancre will heal and secondary symptoms will disappear spontaneously, especially when favored by attention to hygienic rules, yet mercury is the only known agent which has a *direct* action upon them. In tertiary syphilis the iodide of potassium alone has a remarkable effect in dissipating the symptoms for a time, but the concurrent use of mercury is of great value in preventing their return.

3. When using mercury for syphilis, use it, as the French say, *coup sur coup*—"blow on blow." In other words, give it actively and for short periods, repeated if necessary, rather than in small and long-continued doses. Harm is less likely to result from the former than the latter course, and another advantage is that you have the means of testing the correctness of the course you are pursuing. If the disease has progressed in spite of the first thorough trial, you are probably wrong in your indications; if it has yielded but not disappeared under the first *hit*, you can hit it again!

4. When a patient for the first time comes under treatment for syphilis, mercury is usually well borne, and does its work well, given by the mouth. It may therefore be administered in this way, and the greater inconvenience of its external use be avoided. During the first mercurial course that a syphilitic patient undergoes the remedy commonly acts more effectively and speedily upon the symptoms than in subsequent courses. In the first course also there is greater danger of salivation; so that a patient who at this time has had his gums made



tender by the administration of mercury for a few days may in a second or third course be brought under the influence of this agent with great difficulty. Hence greater caution is requisite in the early treatment of syphilis; and since the physiological influence of mercury often rapidly follows the therapeutical, it is well to suspend the treatment or diminish the dose as soon as a decided effect upon the symptoms is apparent. In old cases of syphilis, especially when mercury has already been used repeatedly or for a long period, its internal administration is found to have less effect upon the disease; and although the danger of salivation is slight, yet other ill effects of the mineral—such as irritation of the intestinal canal, loss of appetite, diarrhea, and general cachexia—are more likely to ensue. Hence its external use is now to be preferred to its internal.

5. For reasons already given, the corrosive chloride is the least desirable of all the preparations of mercury for internal administration. I usually employ in my own practice either the pil. hydrargyri or the protiodide, or sometimes the hydrargyrum cum cretâ. The protiodide is found to be too irritating to the bowels of some patients, and in all cases should be given half an hour or an hour after meals, and not on an empty stomach. The mercury with chalk acts mildly, but effectually, when well prepared, and is conveniently combined with quinine and put up in capsules. I most frequently, however, employ the blue mass, made into pills of two or three grains each, with the addition of one grain of the dried sulphate of iron; one pill to be given, three or four times a day, an hour after eating. These pills rarely act upon the bowels or require the addition of opium.

Of the three methods for the external use of mercury more commonly employed—viz., inunction, fumigation, and hypodermic injection—I decidedly prefer the first named, for which I have given minute directions in the third edition of my treatise upon venereal diseases, page 497. Moist mercur-



rial fumigation, so strongly recommended by Mr. Langston Parker, is indeed less repugnant to sensitive patients; but, judging from my own observation, is less efficacious and less convenient, and requires more time for each bath than most patients can well spare. Moreover, unless the patient take the baths in his own room, or the surgeon administers them at his office, they must be intrusted to one of our professional bath-givers, who, as a class, I am sorry to say, are prone to wean the patient from his medical adviser, or to fill his mind with ignorant or false notions. It is pretty generally conceded by those who have made an impartial trial of hypodermic injections in the treatment of syphilis that this method is not to be recommended for general adoption. (See a review of this method by my partner, Dr. F. R. Sturgis, in the *American Journal of Syphilography and Dermatology*, April, 1871; also an able article by my friend, Dr. R. W. Taylor, in the *Medical Gazette* for May 13, 1871.)

Mercurial suppositories introduced into the rectum were recommended by Lebert, *Berl. Klin. Wochenschrift*, No. 14, April, 1870. I made a trial of them recently in four cases at Charity Hospital, with results so unsatisfactory in controlling the disease that I abandoned the experiment.

But to return to the errors too often committed by practitioners in the treatment of old and obstinate cases of syphilis, the most heinous of all is an ignorance of the dose of the iodide of potassium requisite to give this agent its full effect and to test its power. By many men doses of two, five, or seven grains, given three times a day, are regarded as the utmost limit, beyond which it is unnecessary to go. If the symptoms do not yield to this treatment it is concluded that the iodide is not the remedy, and something else is tried! To think of a patient suffering with the nocturnal agony of periostitis, or threatened with destruction of the palate or of the nose, being thus tampered with is almost enough to make one's blood boil. Why, the iodide may be used with safety

and must be used, if its full effect is to be attained, with an unsparing hand. Relief will be had and important organs will be saved by giving one hundred grains a day, when the disease only laughs (metaphorically speaking) at fifteen or twenty! Patients find this out themselves when you have not stinted them in the use of the remedy; and will tell you, as one of my patients with syphilitic necrosis of the ulna recently did me, that forty grains three times a day had no effect, while fifty three times a day were at once followed by a manifest improvement. The iodide of potassium has been given with impunity in the quantity of two or three ounces in the twenty-four hours for several weeks and even months, but this amount is unnecessarily large. I have never had occasion to exceed three drachms a day; and from a drachm and a half to two drachms is usually sufficient.

I remarked above, when speaking of mercury, that this agent is of great value, even in tertiary syphilis, in preventing a return of the symptoms, as so frequently occurs after the employment of iodide of potassium alone; and it is to this point that I desire to call special attention with reference to the old and obstinate cases of syphilis mentioned at the commencement of this article. I am convinced by no small experience that the iodide of potassium can not be relied upon alone for permanent relief in pure cases of tertiary syphilis; and that the judicious use of mercury, especially by inunction, concurrently with the iodide, affords a much greater degree of security. The "mixed treatment," administered in the form of large doses of iodide of potassium internally and repeated courses of mercurial inunction externally, has relieved more desperate cases of syphilis than any other mode of practice that I know of. The books tell us that mercury and iodide of potassium should not be used at the same time for fear of severe salivation, through the evolution of the biniodide of mercury in the system. Experience, better than books, teaches us that this fear is groundless.

Whenever, from the unavoidable staining of the linen and the consequent danger of exposure of the patient's secret, or from any other cause, inunction can not well be employed, I do not hesitate to give half a grain or a grain of the protiodide of mercury, combined with two grains of extract of gentian, in the form of pill, at noon after eating, and twenty, thirty, or fifty grains of the iodide of potassium morning and night; but I much prefer to administer the same quantity of the iodide three times a day, and to rub about a drachm of mercurial ointment into varying portions of the integument at night; at the same time directing the patients not to wash off whatever of the salve may remain, and to wear the same underclothes night and day. After the lapse of a week or ten days the patient is directed to cleanse the whole surface of the integument with hot water and soap, and to change his linen. The iodide is, however, to be continued, and the inunction to be repeated at intervals of a week or a fortnight, according to the exigencies of the case. The iodide of potassium should be given after meals, largely diluted with water (in not less than six or eight ounces of fluid, to which one or two drachms of the extract. *sarzæ fl. comp.* of the United States Dispensary may be added).

I have notes of many cases in which this mode of treatment has afforded complete relief up to the present date, for periods of a number of years, after other means had failed, but the relation of one will suffice.

I was called in the spring of 1866 to see Mrs. W., in consultation with Dr. C., an old and respected physician of this city. Mrs. W. had contracted syphilis from her husband several years before. The disease had progressed to the tertiary period, and she was then suffering from syphilitic cachexia and necrosis of the nasal and frontal bones. Her nose was already sunken to a level with the face, and her forehead presented several large ulcers with necrosed bone beneath. Her general condition was so poor that her speedy death was

expected by her relatives, and their arrangements were made accordingly.

At the consultation I found the usual routine had been followed: the "bichloride," in doses of a sixteenth or twelfth of a grain, for a while, and then the iodide of potassium, in three to five-grain doses, for another while, followed by a repetition of the same programme. My advice to Dr. C., after our retiring, was to administer the iodide of potassium in doses of twenty grains three times a day, gradually increasing the dose to forty grains, and to use mercurial inunction to the extent of one drachm every night.

I afterward learned that Dr. C. reported to the patient and her friends that "Dr. Bumstead had recommended the same remedies which he had employed, only in a little different form." Dr. C., however, had the honesty to carry out the plan proposed, with the result that Mrs. W. arose from what was supposed to be her death-bed; and after the removal of the necrosed fragments of bone she has been able, with the assistance of a nose of wax, to adorn Broadway with the remains of her former beauty, and without a return of her old trouble. Of this I speak confidently, since through the death of Dr. C. she has been exclusively my patient for the last two years.

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